

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531543** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7		2		1		
8		2		1		
9	1		1			
10		1		1		
11	1		1			
12	1		1			
13	1		1			
14	3		3			
15	3		3			
16	3		3			
17	1		1			
18	1		1			
19	2		2			
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	17	←	25	←	←	
TOTAL CLAIMS	32		30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						